

## In brief

**Diane Pretty dies:** Diane Pretty, the woman who went to the European Court of Human Rights in her battle for the right to have her husband help her to commit suicide, has died. Mrs Pretty, aged 43, who had motor neurone disease and lost her case in the European Court (4 May, p 1055), died at a hospice near her home in Bedfordshire last Saturday.

**Oregon judge reduces damages in tobacco case:** Judge Roosevelt Robinson, who heard the case against Philip Morris in Portland (6 April, p 208), has reduced the punitive damages of \$150m (£103m; €165m) to \$100m saying the original amount was “grossly excessive.” A jury made the award to the estate of Michelle Schwartz, who died of lung cancer in 1999. The jury found that Philip Morris had falsely claimed its low tar cigarettes were less dangerous than other ones.

**Street offenders to be “fast tracked” to drug treatment:** Street crime offenders with drug offences in the United Kingdom will be referred to drug treatment services within 24 hours of release as part of the government’s strategy to tackle street crime.

**Female condoms will soon be introduced in India:** The public sector company Hindustan Latex, in collaboration with the Female Health Company, is shortly to introduce female condoms into India. Initially, the companies will just repackage and market the condoms, which are made in the United Kingdom, but they will eventually produce them in India.

**Malpractice insurer leaves New Jersey doctors in the lurch:** The MIIX Group, founded by New Jersey doctors 25 years ago when no one else would insure them at affordable rates, is ending its coverage for 7000 doctors in the state. The company lost more than \$200m (£136m; €220m) in the past 15 months. Holly Bakke, New Jersey’s banking and insurance commissioner, is offering financial incentives to try to induce other companies to begin selling malpractice insurance in the state.

## Muslim patients suffer as Hindu doctors fear for their safety

Ganapati Mudur *New Delhi*

Doctors in the riot hit Indian city of Ahmedabad have not been working in its Muslim neighbourhoods for several weeks, because of security concerns and a disruption in medical services.

Consultants and general practitioners belonging to the majority Hindu community are avoiding visits to Muslim localities in Ahmedabad, where religious riots between Hindus and Muslims have claimed more than 400 lives in the past 10 weeks.

Security concerns for doctors surfaced after individuals posing as patients stabbed and injured a Hindu doctor last month in his clinic in a Muslim neighbourhood. The incident prompted the Ahmedabad Doctors’ Forum to urge Hindu doctors not to venture into Muslim localities unless their safety was guaranteed.

The forum has asserted that its call was not intended to deny medical services to Muslims but to ensure the safety of doctors. “Religion is not an issue at all,”

Dr Bharat Amin, president of the forum told the *BMJ*. “All patients are equal to us,” he said.

But doctors concede that medical services in Muslim localities are in disarray. “Less than 200 of the city’s 4500 doctors are Muslims, and they simply cannot handle all the Muslim patients,” said Dr Vijay Bhatia, vice president of the Indian Medical Asso-

ciation’s Ahmedabad branch.

“Personal safety or professional duty—that’s the dilemma that doctors in this city are facing,” Dr Bhatia said.

Hindu doctors have stopped visiting hospitals in Muslim localities. At the Al Amin Hospital, for example, 70 out of 82 consultants are Hindus. “All but two have stayed away from the hospital for several weeks,” Dr Sadiq Kazi, medical superintendent at Al Amin told the *BMJ*.

Its Muslim consultants have also stopped visiting because of safety concerns about travelling around the city. □



Two injured Muslim men at a relief camp in Ahmedabad

## Trusts cancel 10% of operating theatre sessions

Lynn Eaton *London*

Thousands more operations could be carried out in the NHS each year if operating theatres were better managed, says a report published by the Audit Commission.

Poor management information systems, failure to restructure historic patterns of allocating operating theatre time, and consultants taking annual leave at short notice have all undermined the efficient use of operating theatres, it says.

One trust in north west England could have carried out a further 3000 operations a year—the equivalent of 12 operating sessions a week.

Another, in the north east,

could have carried out 685 more operations a year if it had improved its performance, says the report. Although 96% of the operations at the trust went ahead—a total of 3500 planned sessions in all—the way the time was used was poor. Only seven of the 20 specialties met their target of using 90% of their allocated theatre time—nine fell below 75% and four below 50%. The trust has subsequently reviewed its policies and is now hitting 85% overall.

In another trust, the information was so poor that managers could not tell the auditors why certain theatre staff regularly failed to keep to start and finish times. Sessions regularly started late and over-ran. One trust did not even have agreed start and finish times for operations.

Another trust had cancellation rates as high as 30% in some specialties, and other specialties persistently over-ran their time schedule by 25%. Only after sessions were reallocated was the trust able to use its operating theatres more efficiently.

More than three million operations are carried out in the NHS every year, although the government signed a concordat with the private sector 18 months ago for several thousand operations a year to be carried out privately, at NHS expense, because waiting lists were so long.

More patients could have operations if NHS trusts had better information, time management, and staff planning, says the guidance.

“Many operating theatres are well run,” said the Audit Commission’s controller, Andrew Foster. “But there are common weaknesses that must be addressed to improve the experience of patients and their families. There is massive pressure on all areas of the NHS to use existing resources better, and this shows that simple efficiency gains would result in many more operations going ahead.” □

*Operating Theatres—A Bulletin for Health Bodies* is available at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)